_ · ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~										
1014 I a 5000 H)		Complete if Known				45				
FEE TRANSMITTAL				Application Number			10/603,015			
				Filing Date			June 24, 2003			
				First Named Inventor			Ricardo SoonLian Lim et al.			
		Examiner Name			2116					
☐ Applicant claims	7	Art Unit			Nitin C. Patel					
TOTAL AMOUNT OF PAYMENT (\$) 250				Attorney Docket Number			S104.12-0041/STL 11309.00			
						<u> </u>				
METHOD OF PAYMENT (Check all that apply)										
 ☑ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (Please Identify): ☑ Deposit Account - Deposit Account Number: ☐ 23-1123 ☐ Deposit Account Name: ☐ Westman, Champlin and Kelly ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☑ Charge any additional fee(s) or underpayment of fee(s) ☑ Credit any overpayments ☐ Under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
Application Type	FILING FEES		CH FEE	:s	EXAMINA	ATION FE	FS			
Application Type	Small En	- - -	Small Er			Small E	ntity			
<u>Fee</u> (\$) <u>Fee</u> (\$) <u>Fee</u> (\$)				e (\$) <u>Fee</u> (\$) <u>Fee (\$)</u>				Fees Paid (\$)		
Utility	300 150		25	-	200	100	•		1000	
Design	200 100		50 45		130	65 80				
Plant	200 100 300 150		15 ⁶ 25 ⁶		160 600	80 300				
Reissue Provisional	200 100		0	-	0	0	,			
2. EXCESS CLAIM		· ·	•		Ū	•			Small Entity	
Fee Description								<u>Fee</u>		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent									25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent								200	100	
Multiple dependent	claims							360	180	
Total Claims		ra Claims	Fee (\$)	Fe	e Paid (\$)			<u>M</u> (ultiple Dependent Claims	
21	- 20 or HP =	1 x	50	=	50			<u>Fee</u>	(\$) Fee Paid (\$)	
HP = highest number of to	tal claims paid for, if gre	eater than 20						36	<u> </u>	
Indep. Claims	Ext	ra Claims	<u>Fee (\$)</u>	<u>Fe</u>	<u>ee Paid (\$)</u>					
4 UD = highest number of in	- 3 or HP =	1 X	200	=	200					
HP = highest number of independent claims paid for, if greater than 3										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
19	- 100 = 0	/ 50 =	0	(round ι	ι ρ to a who	le numbe	er) x	<u>250</u>	= <u>0</u>	
4. OTHER FEE(S) Fee(s) Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount) Other:										
SUBMITTED BY					1 -		T			
Signature	AK	20			1 -	ation No. ey/Agent)		45,956	Telephone: 612-334-3222	
Name (Print/Type)	Alan G. Rego	0							Date:	



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named

For

: Ricardo SoonLian Lim et al. Inventor

Appln. No.: 10/603,015

: June 24, 2003

Filed

: MULTI-TIERED RETRY SCHEME FOR

LOADING SYSTEM DATA

Docket No.: S104.12-0041/STL 11309.00

Group Art Unit: 2116

Examiner:

Nitin C. Patel

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 I HEREBY CERTIFY THAT THIS PAPER IS BEING SENT BY U.S. MAIL, FIRST CLASS, TO THE COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, THIS

Sir:

This is in response to the Office Action dated March Please amend the above-identified application as follows.

06/20/2006 BABRAHA1 00000038 10603015

01 FC:1202 02 FC:1201

50.00 OP 200.00 OP